

FILED 9 MAR '23 10:22 USDC-ORF

## UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

Portland DIVISIONTyler Wayne Dees  
(Enter full name of plaintiff)

Plaintiff,

Civil Case No. 2:22-CV-01874-SI  
(to be assigned by Clerk's Office)

v.

COMPLAINT FOR VIOLATION OF CIVIL  
RIGHTS (PRISONER COMPLAINT)Patrick Macey, Cindy Diter  
Cara Peterson, Mendoza-Montoya  
Mindy Ulahos, Kathy RidlingKenneth Tolkkinen, Tina Hazen

Jury Trial Demanded

☒ Yes☐ NoJennifer Quick, Warren Roberts  
In their Official and Individual Capacities.

(Enter full name of ALL defendant(s))

Defendant(s).

## I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

Plaintiff

Name: Tyler Wayne DeesStreet Address: 2500 WestgateCity, State & Zip Code: Pendleton

Telephone No.: \_\_\_\_\_

Complaint for Violation of Civil Rights (Prisoner Complaint)  
[Rev. 01/2018]

Defendant No. 1

Name: Patrick Munez  
Street Address: 829H Beach Access RD  
City, State & Zip Code: Umatilla, OR  
Telephone No.: \_\_\_\_\_

Defendant No. 2

Name: Cindy Dieter  
Street Address: 829H Beach Access RD  
City, State & Zip Code: Umatilla, OR  
Telephone No.: \_\_\_\_\_

Defendant No. 3

Name: Cara Peterson  
Street Address: 829H Beach Access RD  
City, State & Zip Code: Umatilla OR  
Telephone No.: \_\_\_\_\_

Defendant No. 4

Name: Mendoza-Montoya  
Street Address: 829H Beach Access RD  
City, State & Zip Code: Umatilla, OR  
Telephone No.: \_\_\_\_\_

## II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

**Defendants**

No.5 Mindi Vlahos RN

Trci medical

82911 beach acess rd

Umatilla, or 97882

Complaint against Both individual and official capacity

**Defendants**

No.6 Kathy Ridling RN

Trci medical

82911 beach acess rd

Umatilla, or 97882

Complaint against Both individual and official capacity

**Defendants**

No. 7 Kenneth Tolkkinen RN

Trci medical

82911 beach acess rd

Umatilla, or 97882

Complaint against Both individual and official capacity

**Defendants**

No.8 Tina Hazen RN

Trci medical

82911 beach acess rd

Umatilla, or 97882

Complaint against Both individual and official capacity

*addresses*  
~~Damages Claim~~

*10F2*  
Tyler Nees #17904453

Defendants

No.9 Jennifer Quick RN

Trci medical

82911 beach acess rd

Umatilla, or 97882

Complaint against Both individual and official capacity

Defendants

No. 10 Christina Cole RN

Trci medical

82911 beach acess rd

Umatilla, or 97882

Complaint against Both individual and official capacity

Defendants

No.11 Warren Roberts Medical director

Trci medical

82911 beach acess rd

Umatilla, or 97882

Complaint against Both individual and official capacity

*Addressess*  
~~Damages Claim~~

*20f2*  
Tyler Nees #17904453

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

1) 8<sup>th</sup> amendment 2) 8<sup>th</sup> amendment cruel and unusual punishment)  
 3) 8<sup>th</sup> amendment medical care ~~OK~~

### III. STATEMENT OF CLAIMS

#### Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

~~(Indy District, Indiana)~~  
 Defendants Patrick money <sup>beginning</sup> on 12-21-21 while acting under color of state law violated plaintiffs 8<sup>th</sup> amendment rights against cruel and unusual punishment by disregarding the excessive risk to plaintiffs health when they ignored the results of xrays taken 12-22-21 where Richard Carpenter MD reported on 12-28-21 "flex him 50° and see if it relocates or we will have to align it properly" Patrick money disregarded the serious medical need and caused pain and suffering and unnecessarily prolonged it by simply refusing to treat the dislocation and caused the dislocation to require surgery, the hand is now a permanent disability, causes chronic pain and is substantially disfigured to this day due to patrick money's <sup>deliberate indifference</sup> ~~deliberate indifference~~

#### Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Beginning on 12-21-21 to 12-1-19-22  
 Defendant patrick money, Cindy Dieter, Cara peterson, mendoza-martoya, baindy vlahos, katny Bidling, kenneth Toikkinen, Tina Hazen Jennifer Quick

Christina Cole, Warren Roberts while acting under of Color of State Law ~~was~~  
~~stated~~ responded to plaintiff's (10) urgent request to be temporarily removed  
 from his work assignment which required the use of both hands

using a highspeed buffer and was aggravating the indign plaintiff's only options without intervention from the above named defendants were to continue using his dead aged hand or be placed in PSU and lose honor housing plaintiff kept working for 30 days. Defendants patrick manny, Cindy Dieter, Corey jackson, mendoza-montoya mindy uhos

Ketney, Ridling, Kenneth Tolkkinen, Tina Hazen, Jennifer Owen, Christine Cole, Warren Roberts were deliberately indifferent to plaintiff's 8th Amendment right against cruel and unusual punishment by forcing him to work with

the damaged finger causing the need for surgery and cause it to be a permanent disability, cause chronic pain and is substantially disfigured

### Claim III

*State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.*

*(If you have additional claims, describe them on another piece of paper, using the same outline.)*

#### IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

☒ Yes

☐ No

#### V. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

part punitive damages, Compensatory damages, mental  
and emotion damages, presumed damages  
\$1,000,000 against each defendant jointly and Severally  
Jury trial on all issues triable by jury

\$2,200,000

A preliminary and permanent injunction ordering Warren  
Roberts to provide medical accommodation of a (neo)  
(tattoo back) (light work) due to disability caused by  
the defendant's -

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 3<sup>rd</sup> day of march, 2023

Tyler W. Nees  
 (Signature of Plaintiff)

# United States District Court

## District of Oregon

### Portland Division

## Declaration in Support

- ① I was injured 12-21-21 and sent to TRCF medical for a ~~xray~~ Splint. medical Staff Called patrick maney who ordered an xray that was Completed the next day 12-22-21
- ② On 12-22-21 the xray was sent to Dr roger p. blair who forwarded it to patrick maney and the local orthopedic Specialist who ordered "please flex him 50° and see if it relocates if it does not we will have to align it properly". Patrick maney Received per his Stamp 12-30-21
- ③ From 12-22-21 to (xray) to 1-19-22 (2nd xray) I was not seen in person by my medical Staff, despite sending 10 kytes and a grievance about the issue!
- ④ From 12-21-21 (Injury) I was forced to work using a high Speed floor buffer or got Degeneration. Despite repeated request to "not be forced to work" no medical Staff with that me out of work even knows I repeated Complained of pain and Suffering in inmate kytes and the fact "I believed my finger was being reindured by being forced to work". at no time was I provided Ice packs or pain management
- ⑤ From 12-21-21 ~~for~~ this filing I've Suffered pain from the injury Caused by defendants refusal to provide medical Care or protect me from cruel Conditions.

1 of 2

**IN THE UNITED STATES DISTRICT COURT**  
**FOR THE**  
**9<sup>TH</sup> DISTRICT OF OREGON**  
**PORTLAND DIVISION**

\_\_\_\_\_Tyler Nees\_\_\_\_\_,

\_\_\_\_\_Plaintiff\_\_\_\_\_,

v.

Case No. 2:22-cv-01874-SI

**MOTION FOR APPOINTMENT  
OF COUNSEL**

(1) Patrick Maney  
 (2) Cindy Dieter  
 (3) Cara Peterson  
 (4) Mendoza-Montoya  
 (5) Mindi Vlahos  
 (6) Kathy Ridling  
 (7) Kenneth Tolkkinen  
 (8) Tina Hazen  
 (9) Jennifer Quick  
 (10) Christina Cole  
 (11) Warren Roberts  
 (12) Unknown number of defendants pending discovery )

**18 USC § 3006A(2)(B)**

\_\_\_\_\_Defendant\_\_\_\_\_. )

**1.**

COMES NOW, the Plaintiff, a prisoner not represented by counsel in the above entitled matter and, pursuant to 18 U.S.C. § 3006A (2)(B), respectfully requests this Court for its order appointing counsel to represent plaintiff in this matter. This motion is supported by a Motion to Proceed Informa Pauperis and an Application to Proceed In Forma Pauperis, the Plaintiff's Six Month Trust Statement is attached.

**2.**

2 of 2

Plaintiff believes that he is entitled to relief sought and if able would retain counsel on his/her own if financially able, to protect his interests.

3.

The interests of justice would be best served if an attorney would be appointed to the Plaintiff.

4.

Due to the defendant's disabilities this should be granted as an ADA accommodation due to his mental Disabilities ( bi polar ) and physical disabilities ( Hand )that hinder him from typing and writing and being able to navigate the requirements of the court without the aid of others that is not always being provided to him due to retaliation and due process violations.

5.

A trial in this case will likely involve conflicting testimony and counsel would be better able to enable plaintiff to present evidence and cross examine witnesses.

6.

Plaintiffs has suffered retaliation that ended in him being life flighted on Dec 5<sup>th</sup> 2022 the day he was notified he case was filed and his heart stopped for 12 seconds and is not currently being treated and is pending the grievance process and will be amended along with ada violations approved and then taken to hinder this lawsuit....

Dated this 3 day of March, 2023

Respectfully Submitted,

(Signature)

Printed Name: Tyler Nees SID.17904453

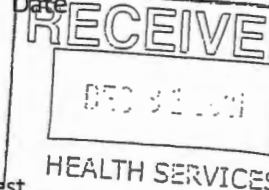
## NON-EMERGENCY HEALTH CARE REQUEST

Name

State ID#

Housing

Date

**Medications:**

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

**Glasses**

- ☐ Eye exam for glasses  
☐ Repair

**Vaccines**

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

**Other Function**

- ☐ BP check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues – not sick:

**Health Care request, issue, concern, or sickness:**

I AM requesting to be allowed to  
 see my X-ray and know what's going on  
 with my finger. This issue needs to  
 be addressed. Send me to medical, please.

**SICK CALL**

**We have taken the following actions in response to your health service request:**

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments:

**SICK CALL**

Sick call ended due to urgent emergent status-tier 3.  
 you may take med. rec. if you wish to purchase a copy  
 of your X-Ray for viewing

Responder's Signature:

Date: 1.4.22

Quick J RN

Attachment #2

1 of 11

**OREGON DEPARTMENT OF CORRECTIONS**  
**AIC COMMUNICATION FORM**

TO: B/S [REDACTED] Date: 1-4-2021

State your issue in detail: Can you please call me, or  
call me out in struggling with my mental  
health as my hands (fingers) broken and it is  
hard to understand what medical is doing about it.  
I was x-rayed and [REDACTED]  
[REDACTED] and I don't want to get a program fail  
and lose my bunk as the doctor unit as I feel  
like I'm doing well.

Please Contact me

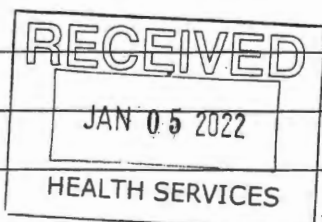
AIC Committed Name (first middle last)

SID#

Housing Unit

[REDACTED] 17904453 105 10-53B

Response/Action Taken: Mr. Joss. Medical would have to  
take you out of work due to broken fingers.



Date Received: \_\_\_\_\_ Referred To\*: \_\_\_\_\_

Date Answered: \_\_\_\_\_ Signature of Staff Member: \_\_\_\_\_

\*If forwarded, please notify the AIC

CD 214 (02/2020)

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## NON-EMERGENCY HEALTH CARE REQUEST

Name

State ID#

Housing

Date

Medications:

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

Glasses

- ☐ Eye exam for glasses  
☐ Repair

Vaccines

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

Other Function

- ☐ BP check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues - not sick:

Health Care request, issue, concern, or sickness:

- ① is my finger broken?  
 ② why am I not getting to see a doctor to fix my finger.  
 ③ why am I not getting my work restored?  
 ④ why am I not being paid for work?  
 ⑤ why am I not being called to sick call.

We have taken the following actions in response to your health service request:

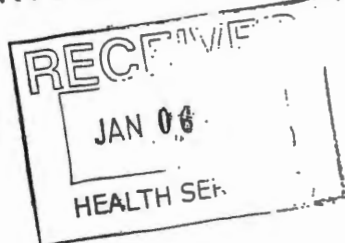
- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments: I will forward these questions/concerns to a provider for a chart review. M 01-06-22 <sup>James</sup> RN

you have a small fracture that doesn't require treatment & we'll have the nurses buddy tape your finger until we get X-rays again.

Responder's Signature: En Mente, PNPDate: 1/14/22

Mendoza - Nontoya, NP



doesn't require  
Treatment

## NON-EMERGENCY HEALTH CARE REQUEST

T. Yllev *Yllev* 17904453 10-55-CEIVED 2022  
 Name State ID# Housing Date  
 JAN 12 2022

**Medications:**

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

**Glasses**

- ☐ Eye exam for glasses  
☐ Repair

**Vaccines**

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

**Other Function**

- ☐ BP check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues – not sick:

**Health Care request, issue, concern, or sickness:**

I'm being forced to work with a finger that I assume is broken but medical is unwilling to let me know if it is broken. I'm in a lot of pain and the finger I believe is being re-injured due to being forced to work. My finger is clearly broken. Swollen and is not being treated. Why is medical unwilling to treat me? Am I sub-human?

**We have taken the following actions in response to your health service request:**

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments:

The finger is not broken it does have a dislocated joint. And you are scheduled for follow up x-rays which should be seen and provider will order any necessary treatment.

Responder's Signature:

Tolkkinen, K. RN

Date:

1/13/22

## NON-EMERGENCY HEALTH CARE REQUEST

Tyler Dees 17904453 11-53B 1-11-2022  
 Name State ID# Housing Date

RECEIVED

JAN 11 2022

**Medications:**

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

**Glasses**

- ☐ Eye exam for glasses  
☐ Repair

**Vaccines**

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

**Other Function**

- ☐ TB check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues – not sick:

**Health Care request, issue, concern, or sickness:**

I need to be seen ASAP About my finger  
 as it is in alot of pain and my fingers clearly  
 not doing well and needs to be addressed. I've  
 put in a number of requests is there a reason  
 medical is unwilling to address my finger?

**We have taken the following actions in response to your health service request:**

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

**Additional Comments:**

You are scheduled to see a provider  
 soon

Responder's Signature:



Date:

1-11-2022

Cole, C. RN

## NON-EMERGENCY HEALTH CARE REQUEST

Name

Tyler Nees

State ID#

17904453

Housing

10-53B

Date

RECEIVED

JAN 14 2022

**Medications:**

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

**Glasses**

- ☐ Eye exam for glasses  
☐ Repair

**Vaccines**

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

**Other Function**

- ☐ BP check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues – not sick:

HEALTH SERVICES

**Health Care request, issue, concern, or sickness:**

Why is medical giving me conflicting statements  
 as to what's going on with my finger

Is it broken or is the joint dislocated?

**We have taken the following actions in response to your health service request:**

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments: Please discuss with your provider on  
 your upcoming appointment

Responder's Signature:

Hazen, T RN

Date:

1-14-22

Hazen, T RN

**NON-EMERGENCY HEALTH CARE REQUEST**Name: Tyler NeesState ID# 17904453Housing 10-53BDate 1-16-2022**Medications:**

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

**Glasses**

- ☐ Eye exam for glasses  
☐ Repair

**Vaccines**

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

**Other Function**

- ☐ BP check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues – not sick:

**Health Care request, issue, concern, or sickness:**

I've been told my fingers broke but also that it's not in my hand. I currently have my finger in a splint. Medical put it in. I'm wondering what sort of treatment am I getting for my fingers. It's medical unwilling to give me any stronger care.

please explain my injury and how it's being treated.

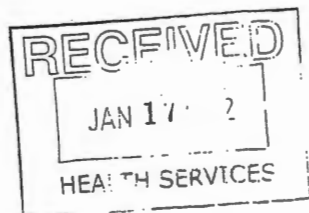
I'm in a lot of pain and am being forced to work.

**We have taken the following actions in response to your health service request:**

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments: \_\_\_\_\_

you are scheduled to see the provider - please be patient

Responder's Signature: K. RidlingDate: 1-17-22K. Ridling RN

CD 1738 9/2016

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## NON-EMERGENCY HEALTH CARE REQUEST

Name

T. J. Nees

State ID#

1790445

Housing

10-53B

Date

1-17-2022

**Medications:**

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

**Glasses**

- ☐ Eye exam for glasses  
☐ Repair

**Vaccines**

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

**Other Function**

- ☐ BP check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues – not sick:

**Health Care request, issue, concern, or sickness:**

I want to know what should be going on with my  
 Sings, medical put it in a splint then X-rayed it  
 and has refused to let me know if it's broken or what  
 I should do with it. Does it need to stay in the  
 splint or what? It looks crooked and is not being  
 treated.

**We have taken the following actions in response to your health service request:**

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments:

Sick call

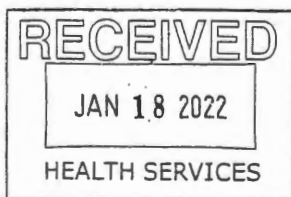
Responder's Signature:

Wendy

Date:

1-18-22

Quick J RN



CD 1738 9/2016

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**NON-EMERGENCY HEALTH CARE REQUEST**

Name

yfer Nees

State ID#

1790453

Housing

10-5383

Date

1-17-2022

**Medications:**

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

**Glasses**

- ☐ Eye exam for glasses  
☐ Repair

**Vaccines**

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

**Other Function**

- ☐ BP check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues – not sick:

**Health Care request, issue, concern, or sickness:**

my finger looks to be getting worse, why is medical unwilling to send me out to be seen if TRST medical is unwilling to see me my finger is clearly crooked and is not going to heal correctly. It's in a splint, but it hurts and I believe it's on a crookedly.

please stop refusing me medical treatment and I'm in alot of pain being forced to work and not allow a rest period.

**We have taken the following actions in response to your health service request:**

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments:

See call

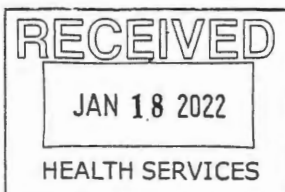
Responder's Signature:

[Redacted Signature]

Date:

1-18-22

Quick J. RN



CD 1738 9/2016

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**NON-EMERGENCY HEALTH CARE REQUEST**

Name Tyler Niles State ID# 17904453 Housing 1253B Date 7-11-2022

**Medications:**

- ☐ I have not received my prescription  
☐ My prescription is about to expire  
☐ My prescription is not helping

**Glasses**

- ☐ Eye exam for glasses  
☐ Repair

**Vaccines**

- ☐ Hepatitis A/B  
☐ Flu  
☐ Pneumonia  
☐ Shingles  
☐ HIV Test  
☐ Hepatitis C Test

**Other Function**

- ☐ BP check  
☐ Test result request  
☐ Is my appointment still scheduled?  
☐ Other issues – not sick:

Health Care request, issue, concern, or sickness:

who in medical can lay as AEC in?

(1) Any medical staff? RN, LPN, or provider

(2) Just provider

(3) nobody?

We have taken the following actions in response to your health service request:

- ☐ You will be scheduled to see: ☐ Provider ☐ Nursing staff  
☐ Your request has been forwarded to: ☐ Manager ☐ Optometry ☐ Support Services ☐ BHS  
☐ Pharmacy Technician ☐ See attached health education handout

Additional Comments:

Responder's Signature: D. Wilson RN MSN

Date: 7/12/22



# OREGON DEPARTMENT OF CORRECTIONS

## AIC COMMUNICATION FORM

TO: MedicalDate: 7-15-2022

State your issue in detail: (1) when we are on tier 3/4 and S/C is not going who makes the choice who gets to be seen? Security or medical? (2) who makes tier on tier 3/4? is that OHD/CDC rules or what?

(3) what is a medical emergency?

~~Please explain my questions~~

AIC Committed Name (first middle last)

Tyler [Signature]

SID#

17904453

Housing Unit

12-5373

Response/Action Taken:

Our chief medical officer works with AOC and security.

We have not been on tier 3 or 4 in a while.

Chest pain is an example of emergency. I cannot explain them all. Work with your officer if you have an emergency.

JUL 16 2022

Date Received:

Referred To\*:

Date Answered:

7/18/22

Signature of Staff Member:

[Signature]

Score  
1/1

If forwarded, please notify the AIC

CD 214 (02/2020)

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**CERTIFICATE OF SERVICE**

CASE NAME: Tyler Nees v. patrick macey et al

CASE NUMBER: (if known) 2:22-cv-01874-SI

COMES NOW, Tyler Nees, and certifies the following:

That I am incarcerated by the Oregon Department of Corrections at \_\_\_\_\_

That on the 3 day of march, 20 23, I personally placed in the Correctional Institution's mailing service A TRUE COPY of the following:

I placed the above in a securely enclosed, postage prepaid envelope, to the person(s) named at the places addressed below:

Oregon Department of Justice  
1162 Court St. NE  
Salem or 97301-4096

Tyler Nees  
(Signature)

Print Name Tyler Nees  
S.I.D. No.: 17204453

2500 Westgate  
Pendleton